

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2005 8:00 am
Secretary of State

02-16-2005 90029 044 ***150.00

DOCUMENT # P01000080592

1. Entity Name
MANI SANTINNI HAIR STUDIO, INC.



Principal Place of Business
**2600 N.W. 87TH AVENUE
BAY #12
MIAMI, FL 33172**

Mailing Address
**2600 N.W. 87TH AVENUE
BAY #12
MIAMI, FL 33172**

66008159



02092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1131462

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SOCAS, ADALBERTO M
2600 NW 87 AVE
BAY 12
MIAMI, FL 33172**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

2/10/05

**FILE NOW! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PO
SOCAS, ADALBERTO M
917 SW 137TH COURT
MIAMI, FL 33184**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
SOCAS, MARGARITA R
917 SW 137TH COURT
MIAMI, FL 33184**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/05

Date

Daytime Phone #

305 4714401

ATTACHMENT

66008159

Miami, April 17, 2005

Ref: IMANI SANTINNI HAIR STUDIO, Inc.

~~Document #P01000080592~~

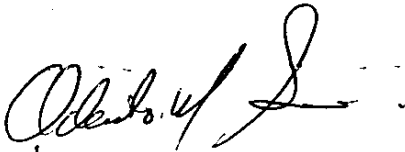
I am in receipt of your letter dated March 1, 2005. The envelope was stamped April 07/2005.

The reason why you have not filed my "2005 for profit corporation annual report" is the absence of my signature as President of MIAMI SANTANNI HAIR STUDIO, INC. on line 12 instead of I have signed it on line 8 in error.

I, as president of Miami Santinni Hair Studio, Inc. I place my signature on line 8 on the copy you have submitted together with your letter. Correcting the mistake done originally.

Sincerely,

Imani Santinni Hair Studio, Inc.



Alberto M. Socas

Enclosure : Your letter w/ attachment also US postage envelope showing ma